

Employment Information Center County Personnel Department

Hamilton County

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

County Personnel Department	FOFU	Conoral Information				
County Personnel Department 138 E. Court Street, Room 707 Clincinnati, Ohio 45202 Phone: (513)946-4700 Fax: (513)946-4710 Jobs Hotline: (513)946-4719 Web Address: www.hamiltoncountyohio.gov The above office coordinates Job Opportunities in the following County Departments: Board of County Commissioners Job and Family Services County Administration Administrative Services Building Inspections Communications Center Community Development County Personnel Environmental Services Paul Brown Stadium Public Works Treatment Accountability for Safer Communities (TASC) Have you ever been or are you currently employed by a Hamilton County Department/Agency?			General Information	on		
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Phone: (513)946-4700 Fax: (513)946-4717 TDD: (513)946-4719 Web Address: www.hamiltoncountyohio.gov The above office coordinates Job Opportunities in the following County Departments: Board of County Commissioners Job and Family Services County Administration Administrative Services Building Inspections Communications Center Community Development County Facilities County Fresonnel Environmental Services Paul Brown Stadium Public Works Treatment Accountability for Safer Communities (TASC) Have you been convicted of a felony or misdemeanor, other than a minor traffic violation? Have you have a valid driver's license? Do you have a valid driver's license? Last Name First Name Middle Initial Mailing Address Apt# Mailing Address Apt# Mailing Address Apt# Mailing Address City State Jip Home Phone Business Phone City Home Phone Business Ph	· · · · · · · · · · · · · · · · · · ·	Posting Number	Position Applied For			
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Do you currently have vehicle liability insurance? ☐ Yes ☐ No	•		·	<u> </u>		
Have did you loan of this position?	Do you currently have vehicle liability	insurance? \square Yes \square N	lo			
Low did wor loom of this position?						
now did you learn of this position?	How did you learn of this position?					
☐ County Bulletin Board ☐ County Website ☐ Other Website ☐ Jobs Hotline	County Pullatin Roard	County Wahaita	Other Website	□ John Hotling		
·	□ County Bulletin Board□ Newspaper Ad	· ·				

		Education						
Use the section below to list your educa courses completed.	tional	achievements include	ding a	ny college,	technical	or voca	tiona	ıl school
Did you receive a High School Diploma or	GED?	☐ YES ☐ NO	С					
1) College/University Name and Location		Degree Awarded? ☐ Yes ☐ No If Yes, what year? If No, how many years		Type of Degree (Circle One) Associates Bachelors	Major:			
					No. of Sem Hours:			
	completed?		Masters Doctorate Type of Degree (Circle One)	No. of Qtr Hours:				
2) College/University Name and Location	Degree Awarded? ☐ Yes ☐ No			Major:				
		If Yes, what year? If No, how many years		Associates Bachelors	No. of Sem Hrs:			
		oleted?	Masters Doctorate		No. of Qtr Hrs:			
3) Technical/Vocational School / Location	Com □ Ye	pleted? s □ No	Cou	rse of Study		No. o Weel		No. of Hours
	Wha	t Year:						
4) Technical/Vocational School / Location	Completed? ☐ Yes ☐ No What Year:		Course of Study		No. o Weel		No. of Hours	
Professional 1	Lice	nses, Certificati	ons	and Regi	stratio	ns		
Type of License/Certification	License/Registration No.		Expiration Date License		ed to pra	ed to practice in Ohio?		
1)					□ Yes □ No			
2)					□ Yes	□No	□No	
		Work Histor	У					
Give complete information regarding princlude your Military Service and any excompleting this information.		1 .		0				
1) Current or Most Recent Employer		Street Address, City, State, Zip		Phone		,		
Our Job Title		Dates of Employmer From: To:			Reason for Leaving:			
Duties and Responsibilities (If supervisory,	please	e indicate number and	type o	of positions su	ipervised)	:		

Work History (Cont'd)					
2) Employer	Street Address, City, State, Zip		Phone		
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:		
Duties and Responsibilities (If supervisory, pleas	e indicate number and type	of positions super	vised):		
3) Employer	Street Address, City, Stat	Street Address, City, State, Zip			
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:		
4) Employer	Street Address, City, Stat	e 7in	Phone		
4) Employer	Street Address, City, State	e, Zip	Phone		
Your Job Title	Dates of Employment: From: To:	Salary:	Reason for Leaving:		
Duties and Responsibilities (If supervisory, please indicate number and type of positions supervised): Additional Qualifications Outline briefly any other skills or experience that may be helpful to us in considering your qualifications. Please include volunteer and other community activities:					
Please check all of the Microsoft software progra □ Access □ Excel □ FrontPage	_	werPoint □ I	Publisher □ Word		
List any other software programs or special mach		•	1		

References Other than Former Employers and Relatives				
1) Name	Phone:	Occupation:		
Street Address, City, State and Zip Code:				
2) Name	Phone:	Occupation:		
Street Address, City, State and Zip Code:				
3) Name	Phone:	Occupation:		
Street Address, City, State and Zip Code:				
the information provided and realize that fal is a basis for disqualification or dismissal. I current and previous employers. I further au information concerning my previous employ parties from all liability for any damages that information provided by me on this docume maintained by Hamilton County concerning with Hamilton County.	lse information (mistauthorize Hamilton athorize current and yment and any perticut may result from font may also be com	inent information they may have, and release all furnishing such information. I understand that appared with information contained in records pose of determining my suitability for employment		
Sign here:		Date:		
DO NOT WRITE BELO	W THIS SECTI	ION. FOR OFFICE USE ONLY.		
Classification:		artment/Division:		
Class Number:		Unit and Supervisor:		
Salary:	Index	c: Cost: Object:		
Employment Date:	Postir	ng Number:		
Replacement:	CRIS	S-E Access:		
Position Control Number (PCN):	Vehic	Vehicle Insurance: ☐ Yes ☐ No		
Appointment Status:	Appro	oval Date:		
Finger Prints:				